

euthyroid patient who has a low serum thyroxine concentration, and conversely the panhypopituitarism patient with a normal standard thyroid-function test. It may well be that a simple T_3 assay will be the Rosetta Stone which correlates the often contradictory laboratory tests and clinical finding in thyroid malfunction.

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Some Implications of Zero Population Growth

The widespread advocacy of zero population growth as a means of alleviating the effects of rampant pollution of our environment and destruction of our natural resources has profound implications for society and for the medical profession in particular. Already much of the medical profession has joined the crusade by prescribing the pill, by inserting the intra-uterine device, and by carrying out abortion.

The economic implications of zero population growth, when accomplished only by limiting births, were brought home strongly to me on a recent visit to Denmark. Informed citizens of Denmark point out that they have achieved zero population growth in that country since World War II. In a country which offers cradle-to-grave security, free medical care, and old age retirement benefits they are beginning to foresee the day when there will be an insufficient number of young productive citizens to support the economy. People in their twenties and thirties are asking who will support them in thirty years when they are eligible for retirement benefits.

It may not be feasible to obtain zero population growth by limiting infant input alone. The immediate implication for medicine is a reassessment of our traditional ethics and our accepted purpose of sustaining and prolonging life. The primary objective for medicine must perhaps be changed to the improvement of the quality of life rather than the prolonging of life.

Are we in medicine beginning to mature enough to discuss objectively methods of limiting

the duration of life for the totally demented or totally disabled? Perhaps physicians must accept and respect the wishes of many patients that they be permitted to live to the fullest while in possession of all their faculties and then be permitted to die with dignity without heroic measures used to prolong their mere existence.

Are we in medicine ready for the implications of zero population growth?

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Use and Abuse of Sedatives

The sleeping pill or sedative is part of our medical tradition. If we admit a patient to the hospital and do not order sleeping medication, the nurse is certain to call us and point out the oversight. Patients expect or demand that they be given something for sleep.

Aside from the potentials for overdose and suicide, the widespread use of hypnotics and sedatives is far from being an unmixed blessing. Disturbance of the sleep pattern is now widely recognized as a hallmark of depression. Hypnotics and sedatives of the traditional kind are also depressants in terms of our modern psychopharmacology. It is doubtful that the depressed patient given a barbiturate each night for sleep will actually improve and quite probable that he will become increasingly more depressed. The potential for abuse, overdose, and habituation is greatly increased in the depressive.

A surprising number of people who have had a recognized depression treated with tricyclic anti-depressants have commented on the marvelous improvement in their sleep pattern. After the spell of depression is over many of them keep a few tablets and use one now and then as a sedative. This opens the exciting possibility that one could treat the disturbed sleep pattern with a medication which would improve the mood of the patient as well as the sleep pattern. This might obviate overdose problems, suicidal attempts, and habituation effects.